

POSITION	ID NO.	DATE
CLASSIFIER	21	1/14/97
EXAMINER	08231	12-24
TYPIST	11	11
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date	
	Final	Original
1	2/1	1/99
2	✓	1/2
3	✓	1/3
4	✓	1/4
5	✓	1/5
6	✓	1/6
7	==	1/7
8	==	1/8
9		1/9
10		1/10
11		1/11
12		1/12
13		1/13
14		1/14
15		1/15
16		1/16
17		1/17
18		1/18
19		1/19
20		1/20
21		1/21
22		1/22
23		1/23
24		1/24
25		1/25
26		1/26
27		1/27
28		1/28
29		1/29
30		1/30
31		1/31
32		2/1
33		2/2
34		2/3
35		2/4
36		2/5
37		2/6
38		2/7
39		2/8
40		2/9
41		2/10
42		2/11
43		2/12
44		2/13
45		2/14
46		2/15
47		2/16
48		2/17
49		2/18
50		2/19

## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) ..... Canceled
- ..... Restricted
- † ..... Non-elected
- N ..... Interference
- I ..... Appeal
- A ..... Objected
- O ..... Objected

Claim	Date
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